A BILL FOR AN ACT

RELATING TO AUTISM SPECTRUM DISORDERS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

- 1 SECTION 1. The purpose of this Act is to ensure the
- 2 provision of quality health care by requiring insurance coverage
- 3 for the diagnosis and treatment of autism.
- 4 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
- 5 amended by adding a new section to article 10A to be
- 6 appropriately designated and to read as follows:
- 7 "§431:10A- Autism benefits and coverage; notice;
- 8 definitions. (a) Each individual or group accident and health
- 9 or sickness insurance policy issued or renewed in this State
- 10 after January 1, , shall provide to the policyholder and
- 11 individuals under eleven years of age covered under the policy
- 12 coverage for the diagnosis and treatment of autism.
- (b) This section shall not apply to accident-only,
- 14 medicare, medicare supplement, student accident and health or
- 15 sickness insurance, dental-only, and vision-only policies or
- 16 policies or renewals of six months or less.
- 17 (c) Every insurer shall provide written notice to its
- 18 policyholders regarding the coverage required by this section.



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The notice shall be in writing and prominently positioned in any 2 literature or correspondence sent to policyholders and shall be 3 transmitted to policyholders within calendar year 2016 when annual information is made available to policyholders or in any 4 other mailing to policyholders, but in no case later than 5 December 31, 2016. 6 7 (d) As determined by the insurance commissioner, coverage 8 for applied behavioral analysis provided under this section shall be subject to a maximum benefit of: 9 (1) \$30,000 per year for services for a maximum of four 10 years for children between the ages of three to nine; 11 12 or(2) \$30,000 per year for services for children ages zero 13 14 to six and \$25,000 per year for services for children 15 ages seven to ten; provided that limits shall be evidence-based. This section 16 17 shall not be construed as limiting benefits that are otherwise

available to an individual under an accident and health or

sickness insurance policy. Payments made by an insurer on

intervention, or service other than applied behavioral analysis

behalf of a covered individual for any care, treatment,

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shall not be applied toward any maximum benefit established 1 2 under this subsection. 3 (e) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of an accident 4 5 and health or sickness insurance policy that are no less favorable than the co-payment, deductible, and coinsurance 6 7 provisions for other medical services covered by the policy. 8 (f) Treatment for autism requests shall include a 9 treatment plan. Except for inpatient services, if an individual 10 is receiving treatment for autism, an insurer may request a 11 review of the treatment plan for continued authorization of 12 coverage for treatment for autism at the insurer's discretion. 13 (q) The medical necessity of treatment covered by this section shall be determined pursuant to the policy and shall be 14 defined in the policy in a manner that is consistent with other 15 services covered under the policy. Except for inpatient 16 17 services, if an individual is receiving treatment for autism, an 18 insurer may request a review of the medical necessity of that 19 treatment at the insurer's discretion.

(h) This section shall not be construed as reducing any

obligation to provide services to an individual under any

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- 1 publicly funded program, an individualized family service plan,
- 2 an individualized education program, or an individualized
- 3 service plan.
- 4 (i) Coverage under this section shall exclude coverage
- 5 for:
- 6 (1) Care that is custodial in nature;
- 7 (2) Services and supplies that are not clinically
- 8 appropriate;
- 9 (3) Services provided by family or household members;
- 10 (4) Treatments considered experimental; and
- 11 (5) Services provided outside of the State.
- 12 (j) As of January 1, 2016, even if this section may
- 13 require benefits that exceed the essential health benefits
- 14 specified under section 1302(b) of the Patient Protection and
- 15 Affordable Care Act of 2010 (P.L. 111-148), the specific
- 16 benefits that exceed the specified essential health benefits
- 17 shall be required of all qualified health plans offered in this
- 18 State.
- 19 (k) Insurers shall include in their network of approved
- 20 autism service providers only those providers who have cleared

1	state and	federal criminal background checks as determined by
2	the insur	<u>er.</u>
3	(1)	If an individual has been diagnosed as having autism
4	meeting t	he diagnostic criteria described in the Diagnostic and
5	Statistic	al Manual of Mental Disorders available at the time of
6	diagnosis	, upon publication of a more recent edition of the
7	Diagnosti	c and Statistical Manual of Mental Disorders, that
8	individua	l shall be required to undergo repeat evaluation to
9	remain el	igible for coverage under this section.
10	(m)	Treatment for autism shall not be covered pursuant to
11	this sect	ion unless provided by an autism service provider that
12	is licens	ed by a state licensure board. If a state licensure
13	board tha	t licenses providers to provide autism services is
14	unavailab	le, the autism service provider shall:
15	(1)	Be certified by the Behavior Analyst Certification
16		Board, Inc.; provided that certification by the
17		Behavior Analyst Certification Board, Inc., shall be
18		valid for purposes of this subsection for no more than
19		one year; or
20	(2)	Meet any existing credentialing requirements
21		determined by the insurer.

1	(n) As used in this section, unless the context clearly	
2	requires otherwise:	
3	"Applied behavior analysis" means the design,	
4	implementation, and evaluation of environmental modifications,	
5	using behavioral stimuli and consequences, to produce socially	
6	significant improvement in human behavior, including the use of	
7	direct observation, measurement, and functional analysis of the	
8	relations between environment and behavior.	
9	"Autism" has the same meaning as defined by the most recent	
10	edition of the Diagnostic and Statistical Manual of Mental	
11	Disorders.	
12	"Autism service provider" means any person, entity, or	
13	group that provides treatment for autism, has education and	
14	training in applied behavior analysis, and meets the minimum	
15	requirements pursuant to subsection (m).	
16	"Behavioral health treatment" means evidence based	
17	counseling and treatment programs, including applied behavior	
18	analysis, that are:	
19	(1) Necessary to develop, maintain, or restore, to the	
20	maximum extent practicable, the functioning of an	
21	individual; and	

(2) Provided or supervised by an autism service provider. 1 "Diagnosis of autism" means medically necessary 2 3 assessments, evaluations, or tests conducted to diagnose whether 4 an individual has autism. "Pharmacy care" means medications prescribed by a licensed 5 physician or registered nurse practitioner and any health-6 related services that are deemed medically necessary to 7 8 determine the need or effectiveness of the medications. 9 "Psychiatric care" means direct or consultative services 10 provided by a licensed psychiatrist. 11 "Psychological care" means direct or consultative services 12 provided by a licensed psychologist. "Therapeutic care" means services provided by licensed 13 speech pathologists, registered occupational therapists, 14 licensed social workers, licensed clinical social workers, or 15 16 licensed physical therapists. 17 "Treatment for autism" includes the following care prescribed or ordered for an individual diagnosed with autism by 18 19 a licensed physician, psychiatrist, psychologist, licensed 20 clinical social worker, or registered nurse practitioner if the

care is determined to be medically necessary:

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         (1)
              Behavioral health treatment;
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         (2)
              Pharmacy care;
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         (3)
              Psychiatric care;
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         (4)
              Psychological care; and
         (5)
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              Therapeutic care."
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         SECTION 3. Chapter 432, Hawaii Revised Statutes, is
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    amended by adding a new section to article 1 to be appropriately
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    designated and to read as follows:
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         "§432:1- Autism benefits and coverage; notice;
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    definitions. (a) Each hospital and medical service plan
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    contract issued or renewed in this State after January 1,
    shall provide to the member and individuals under eleven years
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    of age covered under the plan contract coverage for the
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    diagnosis and treatment of autism.
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         (b) This section shall not apply to accident-only,
    medicare, medicare supplement, student accident and health or
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    sickness insurance, dental-only, and vision-only policies or
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    policies or renewals of six months or less.
         (c) Every mutual benefit society shall provide written
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    notice to its members regarding the coverage required by this
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    section. The notice shall be in writing and prominently
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T	positione	d in any literature or correspondence sent to members
2	and shall	be transmitted to members within calendar year 2016
3	when annu	al information is made available to members or in any
4	other mai	ling to members, but in no case later than December 31
5	2016.	
6	(d)	As determined by the insurance commissioner, coverage
7	for appli	ed behavioral analysis provided under this section
8	shall be	subject to a maximum benefit of:
9	(1)	\$30,000 per year for services for a maximum of four
10		years for children between the ages of three to nine;
11		<u>or</u>
12	(2)	\$30,000 per year for services for children ages zero
13		to six and \$25,000 per year for services for children
14		ages seven to ten;
15	provided	that limits shall be evidence-based. This section
16	shall not	be construed as limiting benefits that are otherwise
17	available	to a member under a hospital and medical service plan
18	contract.	Payments made on behalf of a member for any care,
19	treatment	, intervention, or service other than applied
20	behaviora	l analysis shall not be applied toward any maximum
21	benefit e	stablished under this subsection.

1	(e) Coverage under this section may be subject to
2	copayment, deductible, and coinsurance provisions of a policy
3	that are no less favorable than the co-payment, deductible, and
4	coinsurance provisions for other medical services covered by the
5	plan contract.
6	(f) Treatment for autism requests shall include a
7	treatment plan. Except for inpatient services, if an individual
8	is receiving treatment for autism, a mutual benefit society may
9	request a review of the treatment plan for continued
10	authorization of coverage for treatment for autism at the mutual
11	benefit society's discretion.
12	(g) The medical necessity of treatment covered by this
13	section shall be determined pursuant to the plan contract and
14	shall be defined in the plan contract in a manner that is
15	consistent with other services covered under the plan contract.
16	Except for inpatient services, if an individual is receiving
17	treatment for autism, a mutual benefit society may request a
18	review of the medical necessity of that treatment at the
19	society's discretion and at the society's expense.
20	(h) This section shall not be construed as reducing any
21	obligation to provide services to an individual under any

- 1 publicly funded program, an individualized family service plan,
- 2 an individualized education program, or an individualized
- 3 service plan.
- 4 (i) Coverage under this section shall exclude coverage
- 5 for:
- 6 (1) Care that is custodial in nature;
- 7 (2) Services and supplies that are not clinically
- 8 appropriate;
- 9 (3) Services provided by family or household members;
- 10 (4) Treatments considered experimental; and
- 11 (5) Services provided outside of the State.
- 12 (j) As of January 1, 2016, even if this section may
- 13 require benefits that exceed the essential health benefits
- 14 specified under section 1302(b) of the Patient Protection and
- 15 Affordable Care Act of 2010 (P.L. 111-148), the specific
- 16 benefits that exceed the specified essential health benefits
- 17 shall be required of all qualified health plans offered in this
- 18 State.
- (k) Mutual benefit societies shall include in their
- 20 network of approved autism service providers only those

1	providers	who have cleared state and federal criminal background
2	checks as	determined by the society.
3	(1)	If an individual has been diagnosed as having autism
4	meeting t	he diagnostic criteria described in the Diagnostic and
5	Statistic	al Manual of Mental Disorders available at the time of
6	diagnosis	, upon publication of a more recent edition of the
7	Diagnosti	c and Statistical Manual of Mental Disorders, that
8	<u>individua</u>	l shall be required to undergo repeat evaluation to
9	remain el	igible for coverage under this section.
10	(m)	Treatment for autism shall not be covered pursuant to
11	this sect	ion unless provided by an autism service provider that
12	is licens	ed by a state licensure board. If a state licensure
13	board tha	t licenses providers to provide autism services is
14	unavailab	le, the autism service provider shall:
15	(1)	Be certified by the Behavior Analyst Certification
16		Board, Inc.; provided that certification by the
17		Behavior Analyst Certification Board, Inc., shall be
18		valid for purposes of this subsection for no more than
19		one year; or
20	(2)	Meet any existing credentialing requirements
21		determined by the mutual benefit society.

1	(n) As used in this section, unless the context clearly
2	requires otherwise:
3	"Applied behavior analysis" means the design,
4	implementation, and evaluation of environmental modifications,
5	using behavioral stimuli and consequences, to produce socially
6	significant improvement in human behavior, including the use of
7	direct observation, measurement, and functional analysis of the
8	relations between environment and behavior.
9	"Autism" has the same meaning as defined by the most recent
10	edition of the Diagnostic and Statistical Manual of Mental
11	Disorders.
12	"Autism service provider" means any person, entity, or
13	group that provides treatment for autism, has education and
14	training in applied behavior analysis, and meets the minimum
15	requirements pursuant to subsection (m).
16	"Behavioral health treatment" means evidence based
17	counseling and treatment programs, including applied behavior
18	analysis, that are:
19	(1) Necessary to develop, maintain, or restore, to the
20	maximum extent practicable, the functioning of an
21	individual; and

1 (2) Provided or supervised by an autism service provider. "Diagnosis of autism" means medically necessary 2 assessments, evaluations, or tests conducted to diagnose whether 3 4 an individual has autism. "Pharmacy care" means medications prescribed by a licensed 5 6 physician or registered nurse practitioner and any health-7 related services that are deemed medically necessary to 8 determine the need or effectiveness of the medications. 9 "Psychiatric care" means direct or consultative services 10 provided by a licensed psychiatrist. "Psychological care" means direct or consultative services 11 12 provided by a licensed psychologist. 13 "Therapeutic care" means services provided by licensed 14 speech pathologists, registered occupational therapists, licensed social workers, licensed clinical social workers, or 15 16 licensed physical therapists. "Treatment for autism" includes the following care 17 18 prescribed or ordered for an individual diagnosed with autism by 19 a licensed physician, psychiatrist, psychologist, licensed clinical social worker, or registered nurse practitioner if the 20

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care is determined to be medically necessary:

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(1)
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              Behavioral health treatment;
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         (2) Pharmacy care;
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         (3) Psychiatric care;
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         (4) Psychological care; and
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         (5) Therapeutic care."
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         SECTION 4. Section 432D-23, Hawaii Revised Statutes, is
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    amended to read as follows:
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         "§432D-23 Required provisions and benefits.
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    Notwithstanding any provision of law to the contrary, each
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    policy, contract, plan, or agreement issued in the State after
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    January 1, 1995, by health maintenance organizations pursuant to
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    this chapter, shall include benefits provided in sections
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    431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-
    116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120,
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    431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, [431:10A-
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    122, and 431:10A-116.2,] and 431:10A- , and chapter 431M."
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         SECTION 5. Notwithstanding section 432D-23, Hawaii Revised
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    Statutes, the coverage and benefit for autism to be provided by
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    a health maintenance organization under section 4 of this Act
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    shall apply to all policies, contracts, plans, or agreements
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- 1 issued or renewed in this State by a health maintenance
- 2 organization after January 1,
- 3 SECTION 6. Statutory material to be repealed is bracketed
- 4 and stricken. New statutory material is underscored.
- 5 SECTION 7. This Act shall take effect on July 1, 2050.

Report Title:

Autism; Mandatory Health Coverage

Description:

Requires health insurers, mutual benefit societies, and health maintenance organizations to provide coverage for autism diagnosis and treatment. Effective 7/1/2050. (SD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.